

## CHAPTER 2

# DENTAL EXAMINATIONS

### INTRODUCTION

The dental examination is one of the basic professional services provided by the Navy dental team. Soon after you entered the military service, you received your first dental-oral examination to determine your dental health. Throughout your service with the Navy, you will receive annual or periodic dental examinations. The results of these examinations are recorded in your individual U.S. Navy Medical Outpatient and Dental Treatment Record (NAVMED 6150/21-30). The preparation of the NAVMED 6150/21-30 is discussed in *Dental Technician*, Volume 1, chapter 2. The Forensic Examination Section, which is located on the inside back cover of the NAVMED 6150/21-30, will be discussed in this chapter since it covers an examination.

Your responsibility is to assist the dentist in all areas of dental examinations. You must be able to understand and complete various dental forms used in the examination process that become a part of the NAVMED 6150/21-30. Information on dental examinations and related forms can be found in the *Manual of the Medical Department*, NAVMED P-117, chapters 6 and 15.

Dental examinations are performed by dentists in different areas of the dental clinic. The Oral Diagnosis Department has the responsibility of providing dental examinations and holding "sick-call" hours, while dentists and auxiliary personnel (hygienists and Dental Technicians) in other departments of the dental clinic also perform oral examinations. This chapter concentrates on your duties in pre-examination, examination types, occasions for dental examinations, dental classifications, designations, charting and abbreviations, recording dental treatment, additional dental treatment forms, and patient dismissal.

### PRE-EXAMINATION DUTIES

Before seating a patient for a dental examination, ensure that the operatory is neat and professional in appearance. Make sure the area is clean and the equipment is disinfected.

### PATIENT PREPARATION

The patient may be nervous, so try to put him/her at ease by using the communication skills that were discussed in *Dental Technician*, Volume 1, chapter 2, "Technical Administration and Responsibilities."

Introduce yourself and ask the patient for his or her dental record. Open the record and scan the Dental Health Questionnaire, NAVMED 6600/3. Look specifically for "yes" answers if the questions concerning contagious or infectious diseases, such as Hepatitis (Type), Human Immunodeficiency Virus (HIV), cold sores (herpes, etc.) were checked. When a patient has a "yes" answer, notify the dentist before treatment.

When the patient is seated, make him or her as comfortable as possible. Adjust the headrest and place the chair in the working position favored by the dentist, usually the fully reclined position shown in figure 2-1. In this position, the patient's head is level with the dentist's elbow when the dentist is seated on the dental stool.

After you have seated the patient and positioned the chair, turn on the operating light. To avoid shining the light in the patient's eyes, focus the light beam on the area beneath the patient's chin. Then, turn off the light until the dentist is ready to start the examination. When the dentist is ready, turn on the light and rotate the light up to the mouth.

Next you will need a patient napkin to drape the patient. A patient napkin holder attaches the patient napkin in place around the neck area. If the patient is a woman wearing lipstick, give her a tissue and politely ask her to remove the lipstick before the examination begins. If the patient is wearing dentures or removable partial dentures, ask him/her to remove them and place them in a cup of water. The dentist will need them standing by to evaluate proper fit and condition during the exam.

A patient who is wearing corrective glasses should be asked to leave them in place during the exam, while a patient not wearing corrective glasses should be given eye protection.

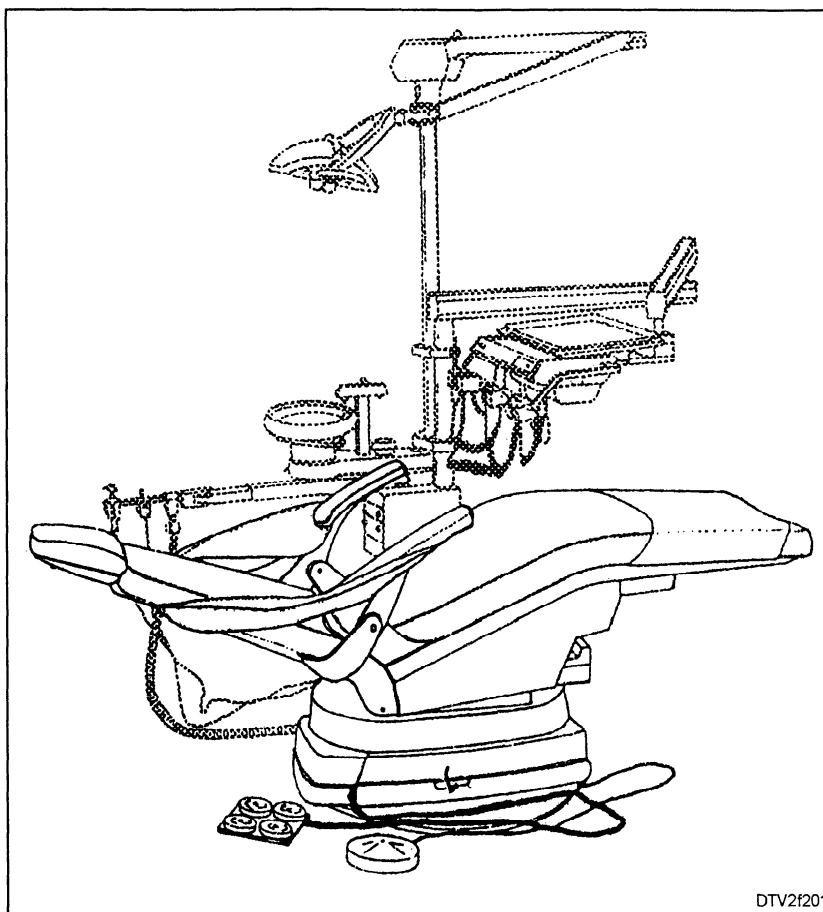


Figure 2-1.—Dental chair in working position.

## INSTRUMENT/EQUIPMENT PREPARATION

Once the patient is ready, prepare the necessary examination instrument and equipment for use. You must maintain an aseptic technique in the Dental Treatment Room (DTR). Throughout the procedure, take care to prevent sterile instruments from being contaminated. Place the sterile instrument pack on the bracket table. Open the oral exam instrument pack, leaving the items on the sterile wrapping paper as shown in figure 2-2. Some commands use peel packs for the exam pack. In this case, the instruments should be placed on bracket table covers (paper sheets). At this point you should have completed all of the preparation procedures. After you have double checked the area ensuring everything is ready, notify the dentist that the patient is ready.

## EXAMINATION DUTIES

During the dental exam, you are responsible for assisting the dentist and recording information on dental treatment forms and records.

Some of the typical tasks you may perform when assisting the dentist include:

- Taking the patient's vital signs (blood pressure and pulse). This is discussed in chapter 9 of this volume, "Dental Treatment Room Emergencies."
- Drying the teeth with the air syringe and directing the air on the mouth mirror to prevent fogging.

You may be required to record treatment information on the following dental treatment records and forms.

- Dental Treatment Record, NAVMED 6150/21-30
- Dental Health Questionnaire, NAVMED 6600/3
- Current Status Form
- Dental Examination Form, EZ603 and EZ603A
- Report of Medical Examination, SF 88
- Consultation Sheet, SF 513

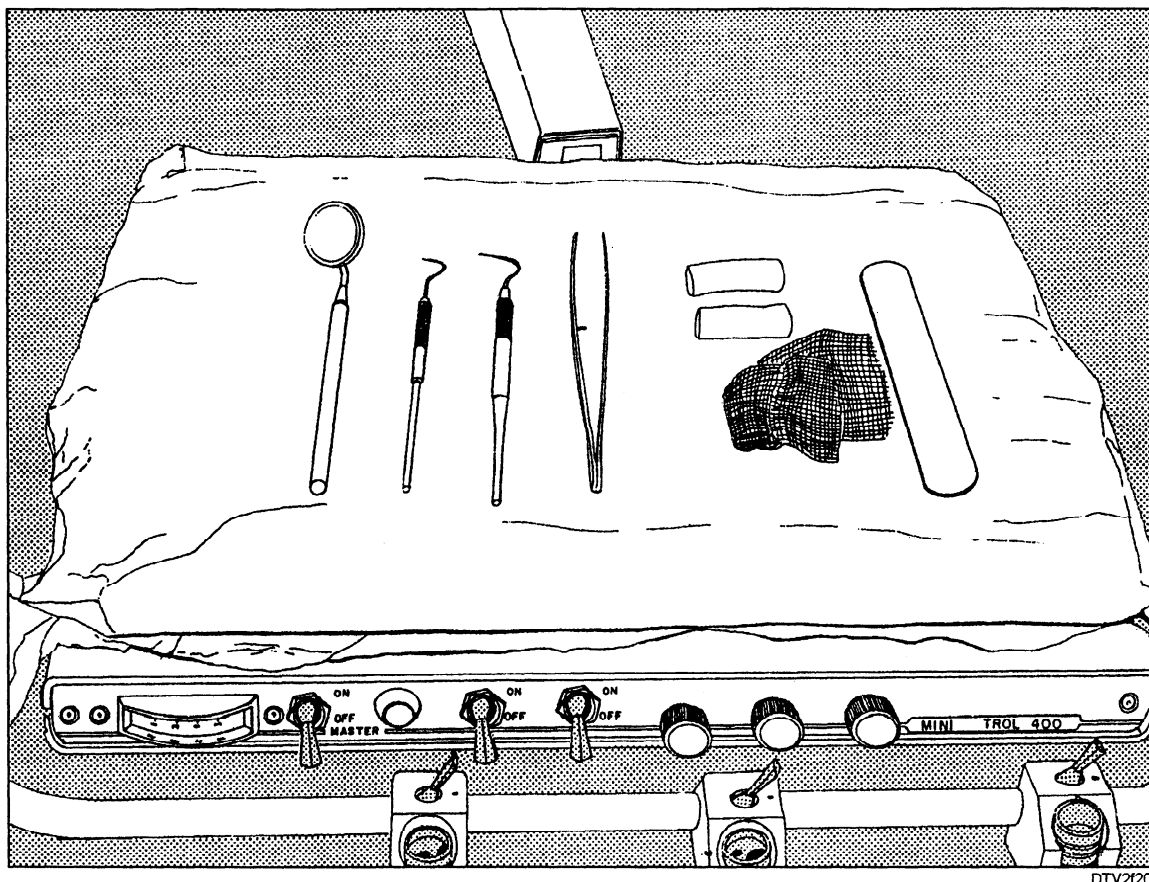


Figure 2-2.—Examination instrument setup.

## EXAMINATION TYPES

The four different types of dental examinations are discussed in the paragraphs that follow. To ensure uniformity in nomenclature and definitions, dental examinations are classified by type.

### TYPE 1, COMPREHENSIVE EXAMINATION

This is the ideal examination, for it is the most extensive dental examination. The dentist will perform a comprehensive hard and soft tissue examination that includes: oral cancer screening examination; mouth-mirror, explorer, and periodontal probe examination; adequate natural or artificial illumination; panoramic or full-mouth periapical, and posterior bitewing radiographs; blood pressure recording; and when indicated, percussive, thermal and electrical test, transillumination, and study models. Included are those lengthy clinical evaluations required to establish a complex clinical diagnosis and the formulation of a total treatment plan. For example: treatment planning for full-mouth reconstruction; determination of the etiology or differential diagnosis of a patient's chief

complaint, such as temporomandibular joint (TMJ) dysfunction and associated oral facial pain; or lengthy history taking relative to determining a diagnosis, or in-processing examination for officer candidates.

### TYPE 2, ORAL EXAMINATION

Comprehensive hard and soft tissue examination, which will include: oral cancer screening examination; mouth-mirror, explorer, and periodontal probe examination; adequate natural or artificial illumination; appropriate panoramic or intraoral radiographs as indicated by the clinical examination; and blood pressure recording. An appropriate treatment plan will be recorded. This type is the routine examination, which is normally done only one time per treatment regimen per patient, unless circumstances warrant another complete examination.

### TYPE 3, OTHER EXAMINATION

This examination consists of diagnostic procedures as appropriate for: consultation between staff or staff residents; observation where no formal consult is prepared; certain categories of physical

examinations; and emergency oral examinations for evaluation of pain, infection, trauma, or defective restorations.

#### **TYPE 4, SCREENING EVALUATION**

This type of examination consists of a mouth-mirror and explorer or tongue depressor examination with whatever illumination is available. This category includes the initial dental processing of recruits without necessarily being examined by a dentist or other screening procedures. A qualified dental assistant or dental hygienist may perform a type 4 examination.

#### **OCCASIONS FOR DENTAL EXAMINATIONS**

Dental examinations are performed on various occasions. The type of the examination performed will depend on what the patient needing an examination requires (i.e., retirement, annual, etc.).

#### **ACCESSION**

All Navy and Marine Corps personnel who enter the military service will have a dental record established with an accession examination and radiographs.

#### **PERIODIC DENTAL EXAMINATIONS**

Dental examinations of all active duty Navy and Marine Corps personnel must be conducted annually and on other appropriate occasions to establish the need for dental treatment and verify dental records. Periodic dental examinations assess the readiness status of active duty Navy personnel. The annual examination should normally be a type 2 examination.

#### **SUITABILITY FOR OVERSEAS ASSIGNMENT (OVERSEAS SCREENING)**

The procedures for the medical and dental evaluation of Navy and Marine Corps members and their accompanying family members, who are undergoing suitability processing for overseas assignment, are provided in NAVMEDCOMINST 1300.1.

Based upon the findings of the dental examination, a dental officer recommends suitability or unsuitability of a member and family members for overseas assignment. This is documented on a

NAVMED 1300/1, Medical and Dental Overseas Screening Review for Active Duty or Dependent. The examining dentist will complete Part II: Dental Screening (fig. 2-3) on the NAVMED 1300/1.

The ultimate responsibility rests with the member's commanding officer to approve or disapprove the member or family members for overseas assignment.

#### **PERIODICITY OF MEDICAL EXAMINATIONS (PHYSICALS)**

As a part of each member's medical physical examination, a dentist must examine the member and record the results on the Report of Medical Examination, SF-88 (covered later in this chapter). Entries are also made on the member's EZ603, and filed in the NAVMED 6150/21-30.

All active duty members and reservists will have medical examinations completed as follows:

- Upon entry to enlisted or commissioned active duty
- At intervals of 5 years through age 50
- At intervals of 2 years through age 60
- Annually after age 60

#### **SEPARATIONS, RETIREMENTS AND SPECIAL PROGRAMS**

Dental examinations are required for personnel who separate from the Naval Service, retire, or apply for special programs. The *Manual of the Medical Department*, NAVMED P-117, chapters 6 and 15, outlines procedures for these examinations.

#### **DENTAL CLASSIFICATIONS**

The Navy Dental Corps has a uniform system for recording the results of a dental examination. It is a classification system that lets the provider determine the dental status of each individual and establishes priorities of treatment. Numbers are used to record one of four possible dental classifications. Each classification is carefully determined using prescribed criteria and is accurately recorded. The following is a description of each classification.

**PART II: DENTAL SCREENING.** The purpose of the dental screening examination and dental record review is to determine if the dental health of the examinee is suitable for assignment to overseas areas where access to dental care may be limited or where the capability for dental care within a military facility does not exist. Complete SF 603, Dental Health Record, and NAVMED 6600/3, Dental Health Questionnaire, and attach to NAVMED 1300/1

1. Does the examinee have any acute or chronic dental conditions (including active orthodontics) requiring routine or continuing access to care or access to specialized dental care?

- ( ) NO - Proceed to question 4.  
( ) YES - Proceed to next question

2. List all acute or chronic dental conditions or illnesses as noted in the (a) dental record review, (b) dental examination, and (c) interview with the examinee:

3. If examinee's condition(s) will make him/her unsuitable for this assignment and can be corrected, do not complete this form until treatment is completed and/or examinee is found suitable/unsuitable. Arrange for treatment at your clinic or elsewhere as appropriate. Can treatment be completed prior to transfer date?

- ( ) NO - Provide servicemember's command with estimated date of completion of treatment and overseas screening.  
( ) YES - Schedule treatment and completion of screening.

4. What is your recommendation on examinee's suitability for this assignment?

Suitable ( ) Unsuitable ( )

or

\_\_\_\_\_  
Military DTF: Examining Dentist's Signature

\_\_\_\_\_  
Civilian facility: Examining Dentist's Signature

\_\_\_\_\_  
Name / Rank or Grade (Print)

\_\_\_\_\_  
Dentist Name (Print)

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Dentist's Address

\_\_\_\_\_  
DTF or Duty Station

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Date

3.

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Figure 2-3.—NAVMED 1300/1, Part II: Dental Screening.

## CLASS 1

This classification is for patients who do not require dental treatment or reevaluation within 12 months. Class 1 patients must meet these conditions:

- No dental caries or defective restorations.
- Arrested caries for which treatment is not indicated.
- Healthy periodontium, no bleeding on probing; oral prophylaxis not indicated.
- Replacement of missing teeth not indicated.
- Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis and are not recommended for prophylactic (preventive) removal.
- Absence of temporomandibular disorders; stable occlusion.

## CLASS 2

Class 2 is the classification for patients who have oral conditions that the examining dentist feels if not treated or followed up, have the potential but are not expected to result in dental emergencies within 12 months.

## CLASS 3

Class 3 is the classification for patients who have oral conditions that the examining dentist expects will result in dental emergencies within 12 months if not treated. Patients should be placed in class 3 when there are questions in determining classification between class 2 and class 3.

## CLASS 4

Class 4 is the classification for patients who require a dental examination. This includes patients who require annual or other required dental examinations and patients whose dental classifications are unknown.

### DESIGNATIONS, CHARTING, AND ABBREVIATIONS

The designations and abbreviations are to be used when making entries in a patient's EZ603 or EZ603A (dental continuation sheet). The names of permanent and deciduous teeth and numbers that correspond with

them have been discussed in *Dental Technician*, Volume 1, chapter 4.

## TOOTH SURFACES

The following designation of tooth surfaces are used to record pathologic conditions and subsequent restoration of teeth:

<u>Surface</u>	<u>Designation</u>
Facial (labial and buccal)	F
Lingual	L
Occlusal	O
Mesial	M
Distal	D
Incisal	I

Combinations of the designations must be used to identify and locate caries, and to record treatment plans, operations, or restorations in the teeth involved; for example, 8-MID would refer to the mesial, incisal, and distal aspects of a right maxillary central incisor; 22-DF, the distal and facial aspects of a left mandibular cuspid; and 30-MODF, the mesial, occlusal, distal, and facial aspects of a right mandibular first molar.

## GENERAL CHARTING

As a Dental Technician, a large portion of your time during an examination involves recording existing restorations and current diseases and abnormalities in the patient's dental records. You must fully understand how and where to record this information. Dental chart markings have been standardized so the original dental condition, diseases and abnormalities (treatment needed), and treatments completed may be identified. This assists in efficient continuity of treatment and may establish identification in certain circumstances.

## STANDARD ABBREVIATIONS AND ACRONYMS

The use of standard abbreviations and acronyms is not mandatory, but it is desirable for expediency. Dental forms used to record dental treatment have limited amounts of space to write on. Use only abbreviations and acronyms that will not be misinterpreted. When you record treatment, ensure you correctly spell all terms. Well known medical and scientific signs and symbols such as: Rx (prescription),

WNL (within normal limits), BP (blood pressure) and O<sup>2</sup> (oxygen) may be used in recording dental treatment. The following abbreviations and acronyms are authorized:

Acute Necrotizing Ulcerative Gingivitis	ANUG
Assessment	A
All caries not removed	ACNR
Amalgam	Am
Anesthetic (thesia)	Anes
Bite-wing radiographs	BWX
Camphorated paramonochlorophenol	CMCP
Chief complaint	c c
Communication	Comm
Complete denture	CD
Copal varnish	Cop
Crown	Cr
Curettage	Cur
Drain	Drn
Electric pulp test	EPT
Endontics	Endo
Equilibrate (ation)	Equil
Eugenol	Eug
Examination	Exam
Extraction (ed)	Ext
Fixed partial denture (bridge)	FPD
Fluoride	FI
Fracture	Fx
Gutta percha	GP
Health questionnaire reviewed	HQR
History	Hx
Mandibular	Man
Maxillary	Max
No significant finds	NSF
Objective	O
Operative	Oper
Oral cancer screening examination	OCSE
Oral diagnosis	OD

Oral Health Counseling	OHC
Oral surgery	O S
Panoramic radiograph	Pano
Patient	P t
Patient Informed of Examination Findings and Treatment Plan	PTINF
Periapical	PA
Pericoronitis	PCOR
Periodontal Screening and Record	PSR
Periodontics	Perio
Plan	P
Plaque Control Instructions	PCI
Porcelain	Porc
Post Operative Treatment	POT
Preparation	Prep
Preventive dentistry	PD
Prophylaxi	Pro
Prosthodontics	Pros
Removal partial denture	RPD
Restoration(s)	Rest
Return to clinic	RTC
Subjective	S
Scaled (ing)	S
Surgical (ery)	Scl
Suture (s) (d)	su
Temporary	Temp
Topical	Top
Treatment (ed)	TX
Zinc oxide and Eugenol	ZOE

## RECORDING DENTAL TREATMENT

When you are involved in recording dental treatment from an examination or charting treatment that has been completed, certain markings are charted on the examination form you are using. The five forms that will be discussed in this section are the Forensic Examination, located on the inside back cover of the NAVMED 6150/21-30, and Current Status Form located on the inside back cover section of NAVMED

6150/21-30 underneath the record identifier for Personnel Reliability Program (if applicable). The last three forms are the Dental Exam Form (EZ603), Dental Continuation Form (EZ603A), and the Report of Medical Examination (SF 88).

## NOTE

Please be aware that some of the dental forms used to record dental treatment will be changing in the future. The Bureau of Medicine and Surgery (BUMED) is now using the BUMED Approved EZ603 (trial), EZ603A, Current Status Form and Forensic Examination Form to record dental examinations and

treatment. These four forms replace the old Standard Form 603 and 603A (dental continuation). An example of the old SF603 is shown in figures 2-4 and 2-5. As with any Navy form or instruction that becomes obsolete, always use the current one available.

## FORENSIC EXAMINATION

This form (fig. 2-6) replaces box 4 on the old SF 603. It is intended that this form be completed only once (usually at accession) during the member's military career. If a replacement record is made, a new forensic exam will be completed. Next we will discuss how to complete the forensic exam form.

GENERAL SERVICES ADMINISTRATION INTERAGENCY COMMITTEE ON MEDICAL RECORDS FPMR 101-11, 806-8-OCTOBER 1975	
HEALTH RECORD	DENTAL
<b>SECTION I. DENTAL EXAMINATION</b>	
1. PURPOSE OF EXAMINATION <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SEPARATION <input type="checkbox"/> OTHER (Specify)	2. TYPE OF EXAM <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 3. DENTAL CLASSIFICATION <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4. MISSING TEETH AND EXISTING RESTORATIONS	
REMARKS Chrome alloy Max. RPD with acrylic teeth replacing 3, 4, 14	
PLACE OF EXAMINATION: NDC, SAN DIEGO, CA DATE: 20 Jan 88 SIGNATURE OF DENTIST COMPLETING THIS SECTION: <i>Paul T. Bonte</i> CAPT, DC, USN	
<b>5. DISEASES ABNORMALITIES, AND X-RAYS</b>	
A. CALCULUS SLIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> B. PERIODONTITIS LOCAL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> INCIPIENT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> C. STOMATITIS (Specify) GINGIVITIS <input type="checkbox"/> VINCENT'S <input type="checkbox"/> D. DENTURES NEEDED (Include dentures needed after indicated extractions) FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> U <input type="checkbox"/> L ABNORMALITIES OF OCCLUSION-REMARKS 2 mm Diastema between 8 and 9 15 and 16 tilted mesially so only distal cusps in occlusion	
E. INDICATE X-RAYS USED IN THIS EXAMINATION FULL MOUTH PERIAPICAL <input checked="" type="checkbox"/> POSTERIOR BITE-WINGS <input checked="" type="checkbox"/> OTHER (Specify) PANO <input type="checkbox"/>	
DATE: 20 Jan 88 PLACE OF EXAMINATION: NDC, SAN DIEGO, CA SIGNATURE OF DENTIST COMPLETING THIS SECTION: <i>Paul T. Bonte</i> CAPT, DC, USN	
<b>SECTION II. PATIENT DATA</b>	
6. SEX: M	7. RACE: CAU
8. GRADE, RATING OR POSITION: SR	9. ORGANIZATION UNIT: USN
10. COMPONENT OR BRANCH: USN	11. SERVICE, DEPT. OR AGENCY: USN
12. PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME: DOE, John NMN	13. DATE OF BIRTH (DAY-MONTH-YEAR): 1 Aug 66
14. IDENTIFICATION NO.: 111-11-1111	

NSN 7540-00-634-4179

DENTAL  
Standard Form 608  
603-103

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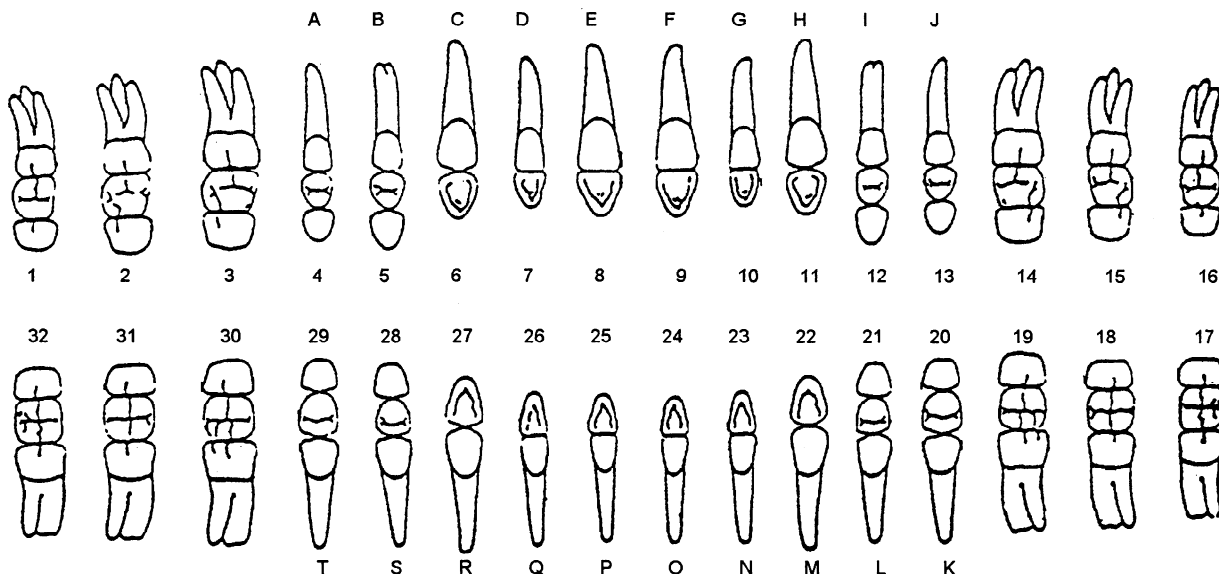
Figure 2-4.—Sample of old SF 603, front side.





# FORENSIC EXAMINATION

EXISTING RESTORATIONS, EXISTING TEETH, MISSING TEETH, PROSTHETIC APPLIANCES, AND VARIATION OF NORMAL CONDITIONS (NON-DISEASE) AS OF \_\_\_\_\_ (Date)



## REMARKS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## OCCCLUSION

ANGLE'S CLASS \_\_\_\_\_

OVERJET \_\_\_\_\_

OVERBITE \_\_\_\_\_

CROSSBITE \_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Examining Dentist's Name Stamp

## SOFT TISSUE

LEUKODEMA \_\_\_\_\_

MELANOPLAKIA \_\_\_\_\_

AMALGAM TATTOO \_\_\_\_\_

OTHER: \_\_\_\_\_

## HARD TISSUE

INTRINSIC STAINING (TETRACYCLINE ☐)

\_\_\_\_\_  
 \_\_\_\_\_

TORI \_\_\_\_\_

ROTATED TEETH \_\_\_\_\_

MALPOSED TEETH \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Examining Dentist's Signature

Patient's Last Name

First Name

MI

Patient's Social Security Number

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Figure 2-6.—Forensic Examination Form.

molar to the lowermost aspect of the third molar on the opposite side. Figure 2-7 illustrates an edentulous mandibular arch.

**EDENTULOUS MOUTH.**—Inscribe crossing lines (fig. 2-8) one extending from the maxillary right third molar to the mandibular left third molar and the other line from the maxillary left third molar to the mandibular right third molar.

**PARTIALLY ERUPTED TOOTH.**—In the diagram of the tooth, draw an arcing line through the

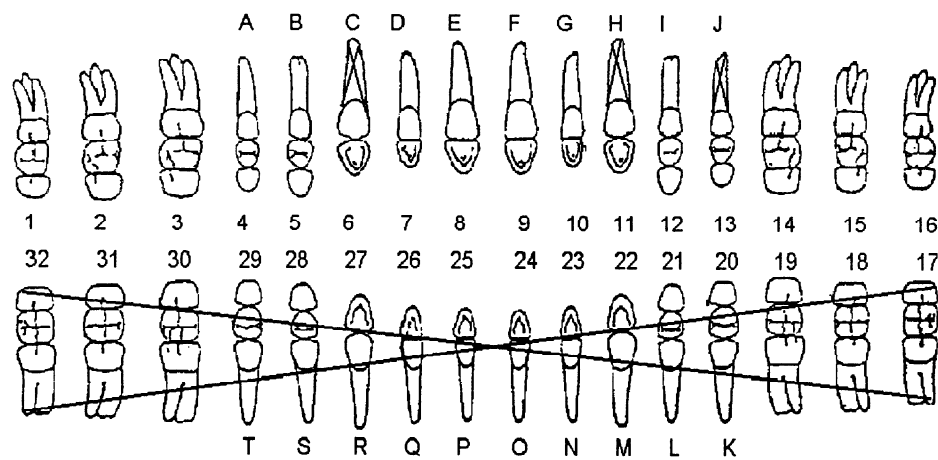
long axis. Figure 2-9 illustrates teeth #17 and #32 as partially erupted.

**AMALGAM RESTORATIONS.**—In the diagram of the tooth, draw an outline of the restoration showing size, location, and shape, and block in solidly. The following are different types of amalgam restorations:

- Occlusal (O): Chart along the grooves on the occlusal surface (fig. 2-10, teeth #1, #2, and #5).

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_

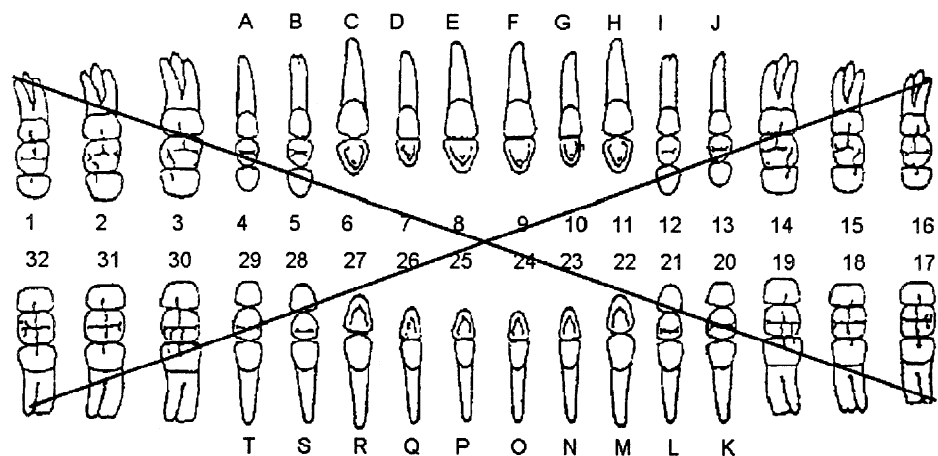


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Figure 2-7.—Missing teeth and edentulous mandibular arch.

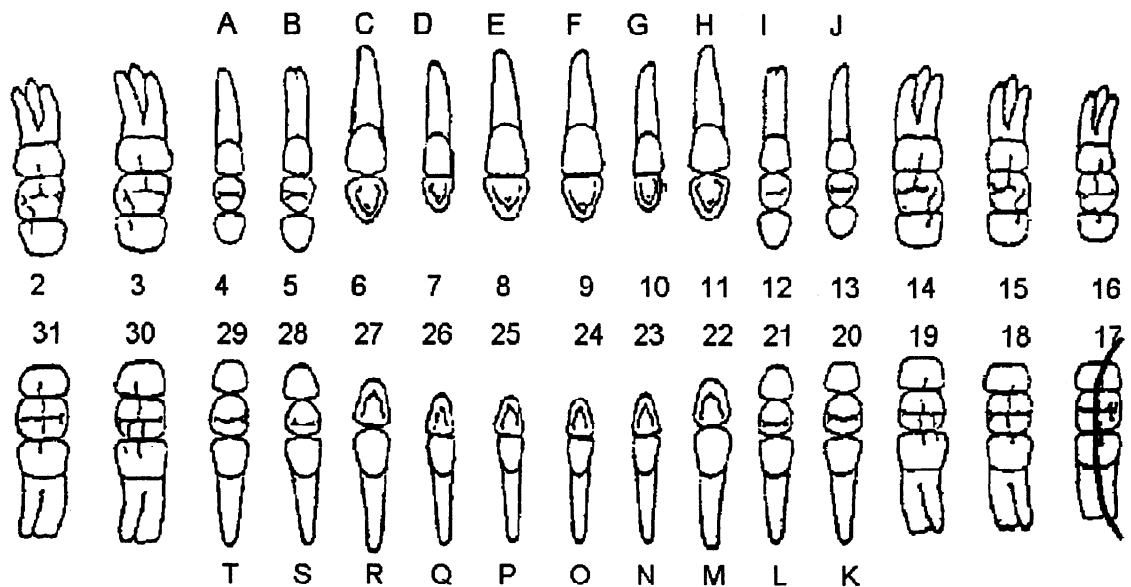
## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_



DTV2f208

Figure 2-8.—Edentulous mouth.

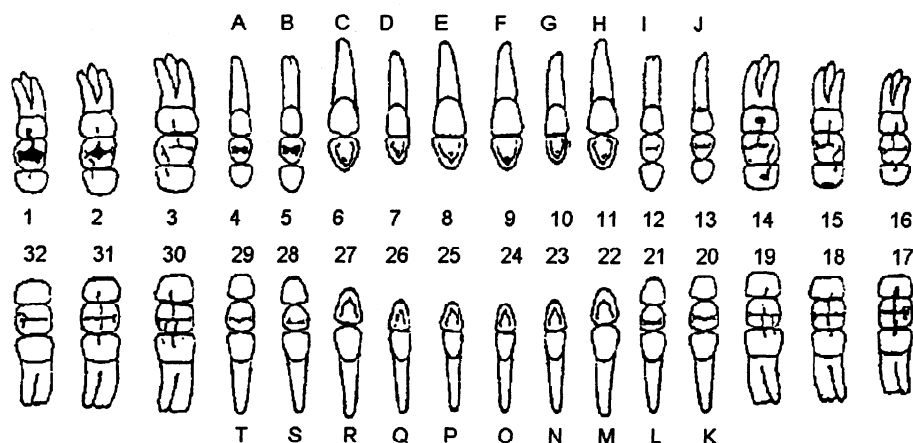


DTV2f209

Figure 2-9.—Partially erupted teeth.

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_



DTV2f210

Figure 2-10.—Single surface amalgam restorations.

- Double occlusal (O) (O): This restoration is often referred to as "snake eyes." Chart along the two separate grooves on the occlusal surface (fig. 2-10, tooth #4).

- Facial (F): Chart along the facial groove, in the facial pit (fig. 2-10, tooth #14), or at the gingival margin of the facial surface (fig. 2-10, tooth #13).

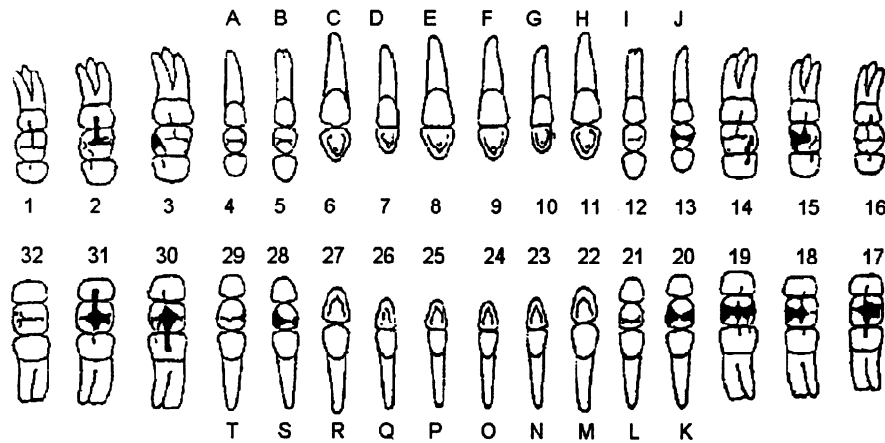
- Lingual (L): Chart these along the lingual groove, in the lingual pit (fig. 2-10, tooth #14), or at the gingival margin on the lingual surface (fig. 2-10, tooth

#15). On anterior teeth, chart these restorations in the lingual pit (fig. 2-10, tooth #9).

- Mesial-occlusal (MO): Chart by beginning at the mesial surface and following the grooves on the occlusal surface to the central pit or groove (fig. 2-11, tooth #18). There can be two amalgam restorations (e.g., an MO and a DO) on the same tooth. In this case the restoration will reach into the central groove, but not include the central pit (fig. 2-11, tooth #20). Rarely will a restoration cross the oblique ridge (fig. 2-11, tooth #2, #3, #14, and #15).

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and  
variation of normal conditions (nondisease) as of \_\_\_\_\_



DTV2211

**Figure 2-11.—Two and three surface amalgam restorations.**

- **Distal-occlusal (DO):** Chart by beginning at the distal surface, and follow the grooves on the occlusal surface to the central pit or groove (fig. 2-11, tooth #28).

- **Occlusal-facial (OF):** Chart starting at the central groove on the occlusal surface and down the facial groove on the facial surface. Occlusal-facial restorations are usually placed only on molars. On some molars, all of the occlusal pits will be included in the restoration (fig. 2-11, tooth #17).

- **Occlusal-lingual (OL):** Chart starting at the central groove on the occlusal surface and down the lingual groove on the lingual surface (fig. 2-11, tooth #31). Like (OF) amalgams, (OL) amalgams are usually placed only on molars.

- **Mesial-occlusal-distal (MOD):** Chart starting at the mesial surface and follow the grooves on the occlusal surfaces to the distal surface (fig. 2-11, tooth #13 and #19). You can also think of a (MOD) amalgam restoration as an (MO) and a (DO) amalgam restoration joined together through the central groove on the occlusal surface.

- **Mesial-occlusal-distal-facial (MODF):** Chart the same way as a (MOD) amalgam restoration, but include the facial surface. The facial surface may be charted in several ways. It may be charted in the facial groove (fig. 2-12, tooth #3), or it may be wrapped around the mesial or distal facial surface (fig. 2-12, tooth #14). The (MODF) amalgam may include a part of the facial surface (fig. 2-12, tooth #1), or it may include the entire facial surface (fig. 2-12, tooth #15).

Some (MODFs) include the coronal third of the facial surface (fig. 2-12, tooth #16).

- **Mesial-occlusal-distal-lingual (MODL):** Chart the same way as a (MOD) amalgam restoration, but include the lingual surface. The lingual aspect may be charted in the lingual groove (fig. 2-12, tooth #18) or it may wrap around the mesial and distal surfaces in the same manner as that discussed for the (MODF). Figure 2-12, tooth #30 and tooth #31, illustrates examples of the (MODL) restorations that include various portions of the lingual surfaces.

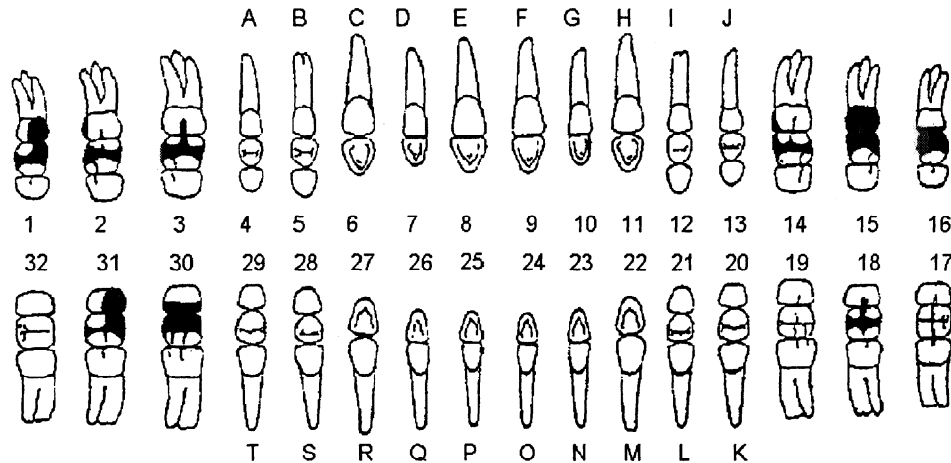
- **Mesial-occlusal-distal-facial-lingual (MODFL):** Chart by combining the (MODF) and (MODL) restorations. These restorations may include carious portions of the facial and lingual surfaces. Figure 2-13 illustrates the different types of (MODFL) restorations.

**NONMETALLIC PERMANENT RESTORATIONS.**—Nonmetallic Permanent Restorations include filled and unfilled resins, glass ionomer cement and pit and fissure sealants. In the diagram of the tooth, draw an outline of the restorations showing size, location, and shape. Do not block in. The following paragraphs explain how to chart nonmetallic restorations.

- **Mesial (M) and distal (D):** Chart these single surfaces on the mesial or the distal side of the facial surface. Figure 2-14, illustrates a mesial restoration (M) on tooth #8, and a distal restoration (D) on tooth #9.

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_

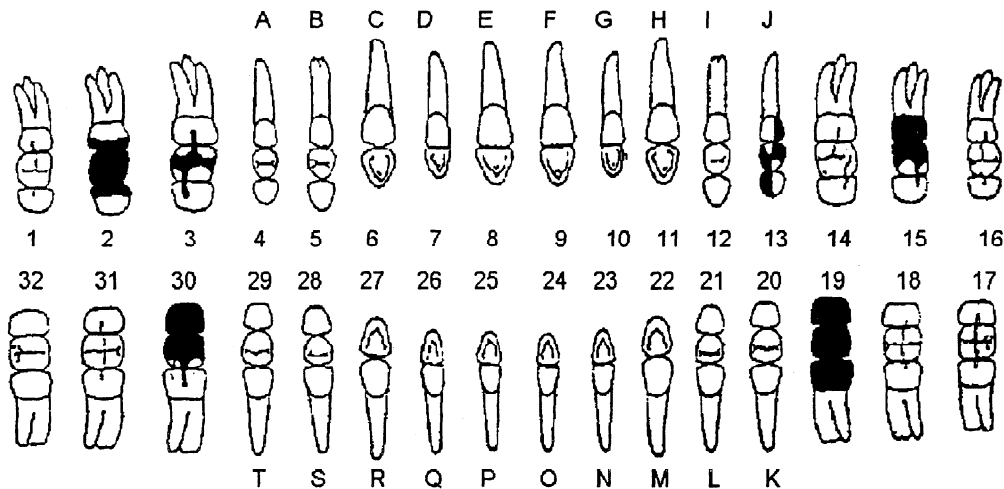


DTV2f212

Figure 2-12.—Four surface amalgam restorations.

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_



DTV2f213

Figure 2-13.—Five surface amalgam restorations.

- Incisal (I): These restorations include the incisal surface and/or one or more of the other surfaces (MI or DI). Tooth #10 in fig. 2-14, shows an (MI) restoration; tooth #7 in the same figure shows a (DI) restoration.

- Facial (F): Chart along the gingival margin of the facial surface unless otherwise instructed by the dentist. Tooth #6 in fig. 2-14 shows a facial (F) restoration.

- Lingual (L) on anterior teeth: You will usually chart them in the lingual pit (fig. 2-14, tooth #11) or at the gingival margin line of the tooth.

- Nonmetallic restorations with two or more surfaces: Chart these restorations as shown in the mandibular arch in figure 2-14. Tooth #26 shows a mesial-facial (MF) restoration; tooth #23, a distal-facial (DF) restoration; tooth #22, a mesial-facial-distal

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_

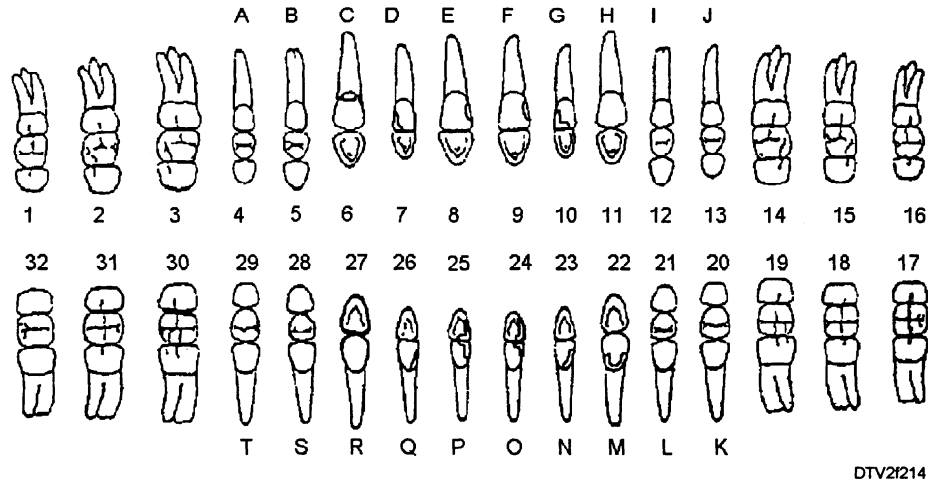


Figure 2-14.—Nonmetallic Restorations.

(MFD) restoration; tooth #25, a mesial-incisal-lingual (MIL) restoration; and tooth #24, a distal-incisal-lingual (DIL) restoration.

- Porcelain, Acrylic Resin, Glass Ionomer, Artificial Crowns, Facings, and Pontics: Chart these nonmetallic restorations by outlining all aspects of the crown or facing as shown on tooth #27 in figure 2-14. In the "Remarks" section, indicate the material used.

**GOLD RESTORATIONS.**—Outline and inscribe **horizontal** lines within the outline. If made of an alloy other than gold (chrome), the same charting

applies. Indicate in "Remarks" section on the Forensic Exam form the type crown and metal used.

Figure 2-15 shows examples of gold restorations. Tooth #4 has a facial (F) gold restoration, tooth #7 has a (DIL) gold restoration, and tooth #31 has a (MODFL) gold restoration.

To chart a full gold crown, outline each aspect of the crown, and then draw horizontal lines in the outlined area (fig. 2-15, tooth #19). Gold crowns may have a tooth-colored facial surface made of acrylic resin or porcelain call "facings." These facings are

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_

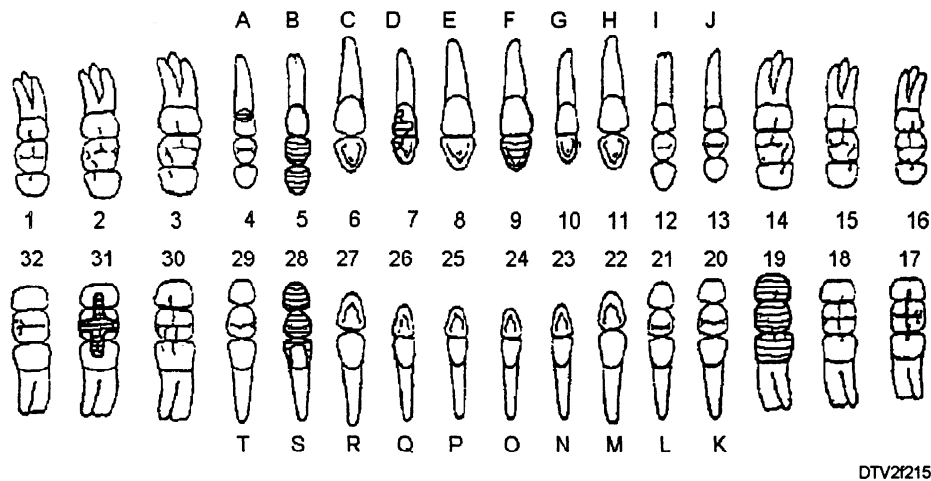


Figure 2-15.—Gold restorations and crowns.

inserted to give the restoration a natural appearance. Tooth #5 and tooth #9 in figure 2-15 show full gold crowns with nonmetallic facings. The nonmetallic facing is only outlined. Where a full crown is not needed, a three quarter gold crown may be used as shown on tooth #28 in fig. 2-15.

**COMBINATION RESTORATION.**—Outline the area showing the approximate overall size, location, and shape; partition at junction of materials used. Indicate each type of material used.

**REMOVABLE PARTIAL DENTURES (RPDs) AND COMPLETE DENTURES (CDs).**—Mark the missing teeth as previously described. Place a horizontal line between the outline of the teeth and the numerals designating teeth replaced by the CD or RPD (fig. 2-16). **Note:** On the Forensic Examination form in the "Remarks" section, describe the CD or RPD, indicating whether they are maxillary or mandibular and the type of restoration and material used. An example of this would be Man RPD (acrylic, gold, or chrome-cobalt).

**FIXED PARTIAL DENTURES (FPDs).**—Outline each aspect, including abutments and pontics.

Show partition at junction of materials and indicate each type of material used. Inscribe **diagonal** parallel lines to indicate gold. In the "Remarks" section, indicate each FPD type of material used (gold or chrome). Figure 2-17 illustrates gold or chrome fixed partial dentures and what they look like charted.

**POST CROWN.**—Chart the type of crown attached to the post. Outline each nonmetallic material and show restorative metallic materials. Outline approximate size and position of post or posts. In the "Remarks" section, indicate the material used.

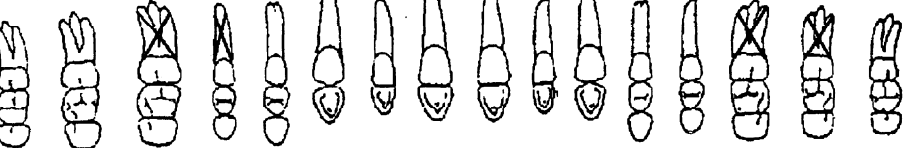
**ROOT CANAL FILLING (RCF).**—Chart this specialized filling by drawing a line(s) in the area of the root(s) where the root canal(s) would normally be located. Teeth #3, #7, and #8 in figure 2-18 show examples of root canal fillings. **Note:** Root canal fillings will always be accompanied by a restoration, usually a crown, amalgam, or composite restoration.

**APICOECTOMY.**—This procedure involves the surgical removal of the apex of the tooth. Chart an apicoectomy by drawing a small triangle on the root of the tooth involved (fig. 2-18, tooth #11). Next chart the RCF on the root of the tooth beginning at the level of

FORENSIC EXAMINATION

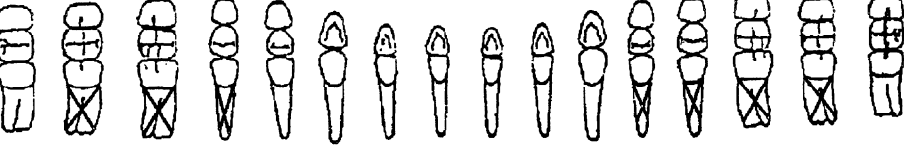
Existing restoration, existing teeth, missing teeth, prosthetic appliances, and  
variation of normal conditions (nondisease) as of \_\_\_\_\_

A B C D E F G H I J



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

T S R Q P O N M L K



32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Remarks

Chrome alloy Max. RPD  
with acrylic teeth replacing  
3, 4, 14, 15

Chrome alloy Man. RPD  
with acrylic teeth replacing  
18, 19, 20, 21, 29, 30, 31

Soft Tissue

Leukoedema

Melanoplakia

Amalgam Tattoo

Other:

Figure 2-16.—Removable partial dentures (RPDs).

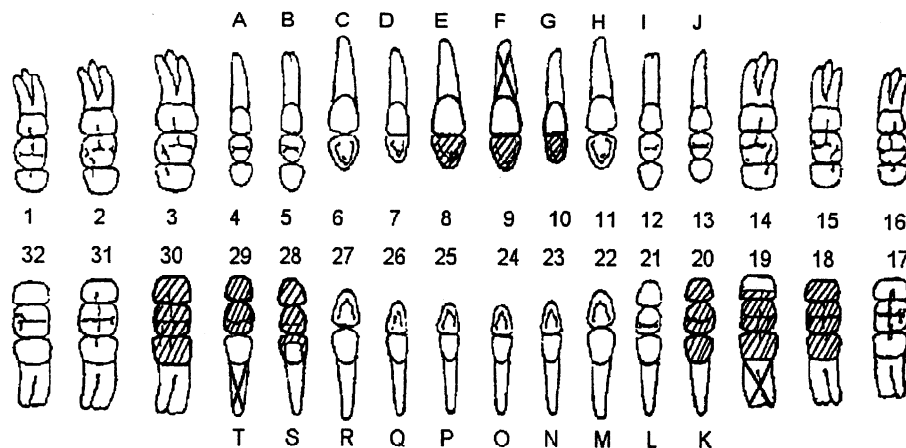
DTV2f216

2-16



## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_

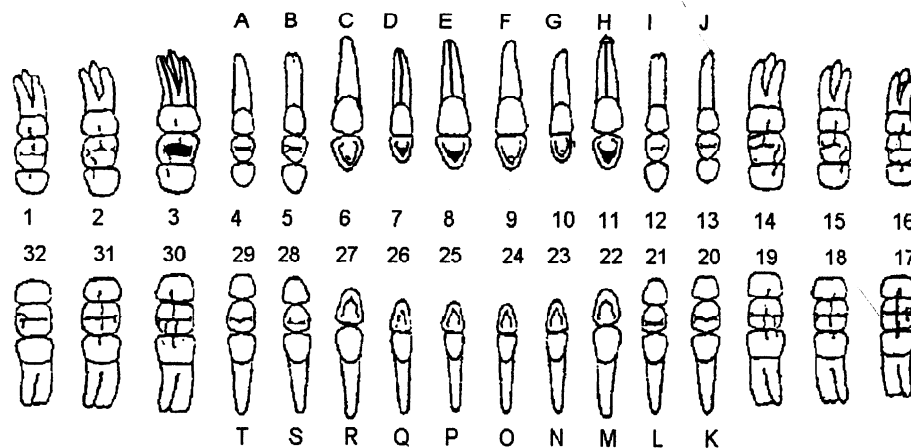


DTV2f217

Figure 2-17.—Gold or chrome fixed partial dentures (FPDs).

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_



DTV2f218

Figure 2-18.—Root canal fillings (RCFs) and apicoectomy.

the root amputation where the apicoectomy has been performed. The dentist will read the patient's radiograph to determine the level of the root amputation. Also note the (L) amalgam restoration on tooth #11.

**DECIDUOUS TEETH.**—Occasionally, a deciduous tooth will be retained in the adult mouth. Circle the appropriate alphabetical designation on the Forensic and Current Status forms if deciduous teeth are present. Figure 2-19 illustrates a deciduous tooth #11.

**SUPERNUMERARY TEETH.**—These are extra teeth other than the normal 32 teeth that are present in the mouth. To chart a supernumerary tooth, draw an outline of the tooth in its approximate location. Then insert an "S" in the proper location on the tooth number line as shown in figure 2-19.

**DRIFTED TEETH.**—To chart a drifted tooth, draw an arrow from the number of the drifted tooth as shown in figure 2-19 (teeth #19, #20, #32 and #31). The point of the arrow should indicate the approximate position to which the tooth has drifted. Drifting

## FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of \_\_\_\_\_

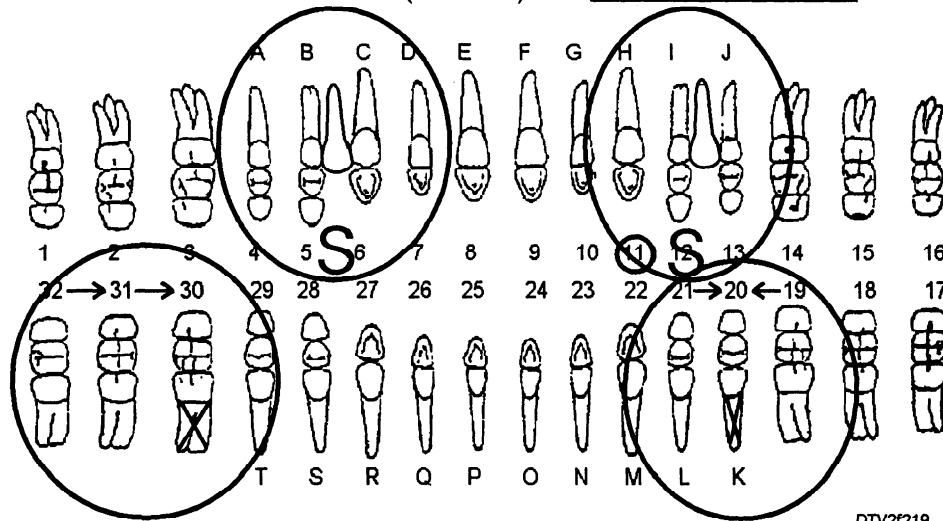


Figure 2-19.—Deciduous, supernumerary, and drifted teeth.

DTV2f219

usually occurs when teeth move toward the space of an extracted tooth.

**TEMPORARY RESTORATIONS.**—In the diagram of the tooth, draw an outline of the restoration showing size, location, and shape. If possible, describe the material in the remarks section.

### Remarks Section

Use this section to indicate the restorative materials and to differentiate between sealants, composites, and temporaries.

### Soft Tissue Remarks Section

This is just a partial list of some of the more common non-pathologic findings to facilitate charting. For each condition, indicate approximate size or extent and location. Leave blank if a condition does not exist.

### Occlusion Section

The examining dentist will tell you what Angle's class the patient has. The three classes are I, -11, or III. Each side of the patient's mouth may be different. Record the results in the space provided.

In the overjet and overbite section of occlusion, the dentist will let you know in millimeters the extent of the abnormality. Leave blank if normal.

In the crossbite section, the dentist will let you know the teeth involved to be written in the space provided.

The dentist will use the Remarks section of the occlusion section to record any other occlusal condition not listed above.

### Hard Tissue Remarks Section

This is just a partial list of some of the more common non-pathologic findings to facilitate charting. Leave section blank if the condition does not exist.

- Intrinsic staining—Indicate teeth involved. Check tetracycline, if appropriate.
- Tori—Indicate location and approximate size of projection.
- Rotated teeth—Indicate teeth involved and approximate number of degrees to the nearest 45 degrees.
- Malposed Teeth—Indicate teeth involved and whether facio- or linguo-version.
- Other—Use this space when noting other hard tissue conditions not listed above.

### Examining Dentist Name Stamp and Signature Sections

Use the examining dentist's name stamp to mark this section and ensure the signature line is signed.

## CURRENT STATUS

This form is intended to remain in effect for the member's entire service career. If a new form is required, place it over the old one, ensuring the medical alert box on the new form is correct  
DATE FORM PLACED IN USE: \_\_\_\_\_ DATE FORM REPLACED: \_\_\_\_\_

### Box 1 Accession and Subsequent Diseased and Abnormalities

PENCIL ENTRIES ONLY

### Box 2 Missing Teeth at Time Of Accession and Treatments Completed After Accession

BLACK INK ENTRIES ONLY

#### Box 3

If medical alert exists, write "ALERT" in large red letters, followed by short explanation.

#### Box 4 Patient's Last Name

First name

MI

Patient/Sponsor Social Security Number

DTV2f220

Figure 2-20.—Current Status Form.

## CURRENT STATUS FORM

This form (fig. 2-20) will last the entire service career of the patient. It is placed in the NAVMED 6150/21-30 in the same way the Personnel Reliability Program warning form is so that it may be folded up when not in use. If a new Current Status form is ever needed, the information from the previous forms **must be transferred** to the new form. The form is dated at the top when placed in use by the initial examiner and dated again when replaced by the final provider. The

Current Status form contains 4 boxes that explains the instructions for charting symbols used in boxes 1 and 2.

### Box 1

Box 1, Accession and Subsequent Diseases and Abnormalities, replaces box 5 and box 9 (old box 16) on the SF 603/603A.

All carious lesions, indications for extraction, indications for root canal treatment, and periradicular lesions that the examining dentist recommends for the patient are drawn in **pencil** using the charting symbols

listed in this section. When the indicated treatment is completed, the pencil entry is erased.

### Charting Symbols (Box 1)

Use the following instructions for charting in the section, Accession and Subsequent Diseases and Abnormalities Section (Box 1). **Make sure you do not enter these symbols in Box 2, Missing Teeth at Time of Accession and Treatments Completed After Accession. Entering these symbols in the wrong area would prevent differentiation between the caries and the restorations.** Figure 2-21 illustrates charting symbols for Box 1.

**CARIES.**—On the diagram of the tooth affected, draw an outline of the carious portion, showing approximate size, location, and shape; block in solidly.

**DEFECTIVE RESTORATION.**—Outline the defective restoration, including the carious or otherwise defective area, and block in solidly.

**UNERUPTED TOOTH.**—Outline all aspects of the tooth with a single oval. This includes impacted teeth.

**INCLINATION (TILT) OF IMPACTED TEETH.**—Draw an arrow of the facial aspect of the

crown portion of the diagram that indicates the direction of the long axis of the tooth.

**EXTRACTION (REMOVAL) INDICATED.**—Draw two parallel vertical lines through all aspects of the tooth and roots involved. This applies also to unerupted teeth when removal is necessary.

**RETAINED ROOT.**—Draw a horizontal line on the root showing the level of retention. Place an "X" on the missing area. Draw two parallel lines in the direction of the long axis of the root through the part that is retained if extraction is indicated.

**FRACTURED TOOTH.**—Trace a jagged fracture line in the relative position on the crown or roots affected.

**PERIAPICAL RADIOLUCENCY.**—Outline approximate size, form, and location of the periapical radiolucencies, such as an abscess or cyst.

**FISTULA.**—Draw a straight line from the involved area, ending in a small circle in a position on the chart corresponding to the location of the tract orifice (opening) in the mouth.

**UNDERFILLED ROOT CANAL.**—Draw a vertical line from the crown toward the apex showing the extent of the filling.

### CURRENT STATUS

This form is intended to remain in effect for the member's entire service career. If a new form is required, place it over the old one, ensuring the medical alert box on the new form is correct  
DATE FORM PLACED IN USE: \_\_\_\_\_ DATE FORM REPLACED: \_\_\_\_\_

#### Box 1 Accession and Subsequent Diseases and Abnormalities

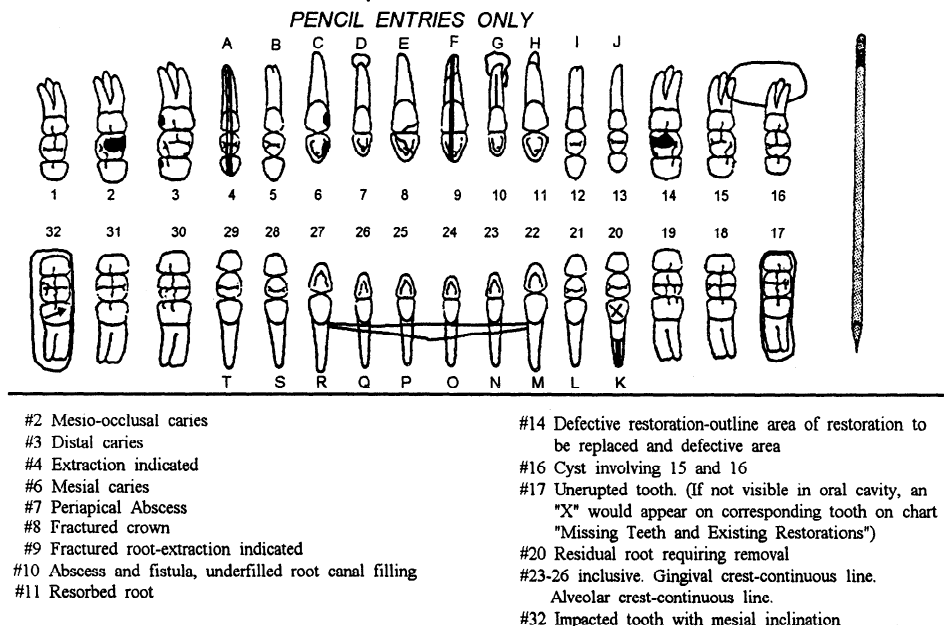


Figure 2-21.—Charting symbols for Box 1, Accession and Subsequent Diseases and Abnormalities.

**RESORPTION OF ROOT.**—Draw an even line on the root showing the extent of resorption of the root.

**PERIODONTITIS AND ALVEOLAR RESORPTION.**—Indicate the extent of gingival recession by drawing a continuous line across the roots to approximate the extent of involvement. Draw another continuous line at the proper level across the roots of the teeth to indicate the extent of alveolar resorption. Base this finding on the dentist's clinical and radiographic findings.

#### Box 2

Box 2, Missing Teeth at Time Of Accession and Treatments Completed After Accession replaces box 8 (old box 15) on the SF 603/603A and functions in the same way with the following exceptions:

- The information is cumulative on this form throughout the patient's military career.
- Missing teeth from the accession exam are also included in this box. By including this information, the SF 88, box 18 (old box 44) can be completed by looking at boxes 1 and 2 of the Current Status Form.

All extractions, restorations and root canal treatment completed during the patient's service career are entered using the symbols mentioned previously in this chapter under designations, abbreviations, and charting.

When indicating fixed partial dentures, ignore the spaces on the form in between the teeth and draw the prosthesis on each tooth as usual. Only use **black ink** to make entries in box 2.

#### Charting Symbols (Box 2)

Use the same instructions and symbols from the Forensic Examination section for charting Missing teeth at Time of Accession and Treatments Completed after Accession (Box 2). When charting existing restorations, draw the restoration and show the approximate size, location, and shape in the diagram of the tooth. Identify missing teeth and restorative materials as previously shown in the Forensic Examination section (Charting/Markings). Note: No remarks are made on the Current Status form to indicate materials used.

#### Box 3

Box 3, Medical Alert, is readily seen by all clinicians when opening the record. If a medical alert exists, the word "ALERT" is written or stamped in large red letters with a brief explanation following (i.e., ALLERGIC TO PENICILLIN). The use of red ink stamps is encouraged.

#### Box 4

Box 4 is used to record the patient's last name, first name, middle initial, and patient/sponsor Social Security Number.

### DENTAL EXAM FORM

The Dental Examination form (EZ603) (fig. 2-22), is a new form that replaces part of the front of the old SF 603 and all of the various SOAP (subjective, objective, assessment, and plan) formats. It is intended to be used on the initial, subsequent periodic, annual, recall, SF 88, and separation exams. It is not intended for emergency or specialty consult exams. All entries are made in **black ink** except as noted. During the dental exam, the examining dentist may direct you to fill out the EZ603 and associated boxes on the form with information. The front page of the Dental Exam Form contains the "S," "O," "A," and "P" sections of the exam that are briefly discussed next.

- Subjective Section (S:)—This section of the form is used to fill out the reason for the examination and the patient's chief complaint.
- Objective Section (O:)—This section is generally meant to record findings and not a diagnosis. The major exception is the caries section where the findings and diagnosis are one and the same.
- Assessment Section (A:)—This section is generally used by the examiner to make a diagnosis.
- Plan Section (P:)—This section is the "Treatment Plan" for the patient.

The EZ603 is a new trial form and may be changed in the future. Instructions for the completion of the EZ603 can be found in MANMED, chapter 6, or current BUMED instructions.

## DENTAL EXAM

**S:** Reason for Examination: \_\_\_\_\_ Accession / Periodic / Separation / \_\_\_\_\_ SF88 / Other \_\_\_\_\_

**Chief Complaint:** None/ \_\_\_\_\_ **Use INK!**

**O:** Type of Exam: T-1 T-2 **Blood Pressure:** / **HQ dated:** \_\_\_\_\_ **Reviewed** \_\_\_\_\_

**HQR Finding** WNL/ \_\_\_\_\_

**Radiographs Ordered:** \_\_\_\_\_ **BWs**   **Pano**   **PA#** \_\_\_\_\_

**Radiographic findings:** (except caries) \_\_\_\_\_

**Caries, defective restorations & fractured teeth.** (radiographic & clinical) None / Noted as follows: \_\_\_\_\_

**OCS/Soft Tissue findings:** WNL/ \_\_\_\_\_ **R** **PSR** **L**

**Endo finding** WNL/ \_\_\_\_\_ **Full**

**TMD findings** WNL/Pain/Dysfunction \_\_\_\_\_ **Mod**

**Occlusion findings:** WNL/ \_\_\_\_\_

**3rd Molars findings:** Impacted:# \_\_\_\_\_ Partial Erupted (Comm):# \_\_\_\_\_ Symptomatic:# \_\_\_\_\_

**Other findings:** \_\_\_\_\_

**A: Assessment of Chief Complaint:** \_\_\_\_\_

**Perio:** Healthy / Givitis (Local/Gan) / Pdtis (Mild/Mod/Severe) / Other \_\_\_\_\_ **Perio Risk:** High Mod. Low

**Caries/Defective rests:** As noted above **Caries Risk:** High Mod. Low

**Oral Surgery:** \_\_\_\_\_ **Tobacco Use:** None/ \_\_\_\_\_

**Other:** \_\_\_\_\_

**P: Treatment Plan**

Sequence		Department	TREATMENT NEEDS		DATA ENTRY	
			Phase 1 (Urgent)	Phase 2 (Routine)	Urgent	Routine
Phase 1	Phase 2					
		<b>PSR SCORE</b>			3 4 *	1 2 3
		<b>HYGIENE</b>	RDH(1) DT(2) DO(3)	RDH(1) DT(2) DO(3)	1 2 3	1 2 3
		<b>OPER</b> (Teeth)			1 2 3	1 2 3
		<b>ORAL</b>			4 5 6	4 5 6
		<b>SURG</b> Simple	1 16 17 32	1 16 17 32	7 8 9	7 8 9
		Complex			1 2 3	1 2 3
		(Teeth)	1 16 17 32	1 16 17 32	4 5 6	4 5 6
		<b>PERIO</b>	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3	1 2 3
		(Sextants)	(with PSR score of 3 4 or *)	(with PSR score 1 2 3 4 or *)	4 5 6	4 5 6
		<b>ENDO Ant.</b>			1 2 3	1 2 3
		(Teeth) Post.			1 2 3	1 2 3
		<b>PROS</b>			1 2 3	1 2 3
		(Teeth) Fix.			4 5 6	4 5 6
		Rem.			1 2	1 2
		<b>ORAL DIAG</b>			1	1
		<b>SEALANTS</b>			1 2 3	1 2 3
		(Teeth)			4 5 6	4 5 6

**REMARKS / AMENDMENTS / CONSULTS / SPECIAL EVALUATIONS:** \_\_\_\_\_ (See reverse) WLR

Patient counseled regarding the health hazards associated with tobacco use and where to seek cessation assistance as appropriate.

Patient has been advised of the findings of this examination and treatment plan. Examiner's Signature _____ Date: _____ Name Stamp: _____	Treatment completed and T2 exam performed this date: _____ Examiner's Signature _____ Date: _____ Name Stamp: _____	<b>RECALL DATE:</b> _____ <b>TECHNICIAN INITIALS:</b> _____ <b>RECALL INTERVAL:</b> <span style="border: 1px solid black; padding: 0 10px;">12 Months</span> <b>DENTAL CLASS</b> <div style="display: flex; justify-content: space-around;"> <span>1</span> <span>2</span> <span>3</span> <span>4</span> </div>
--	--	---

Patient's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN (patient / sponsor): \_\_\_\_\_

DTV2f222

Figure 2-22.—Dental Exam Form, BUMED-approved EZ603.

## INSTRUCTIONS FOR COMPLETING THE BACK OF THE EZ603

The reverse side of the EZ603 (which is blank) is provided for recording the narrative comments associated with the dental exam and related consultation. Commands are authorized to overprint this section with command specific formats that will facilitate the completion of the dental examination.

For placement in the Dental Record, the EZ603 is placed with the Plan or "P" side facing up. It is located on top of any accompanying EZ603As and under the Current Status Form.

## INSTRUCTIONS FOR COMPLETING THE EZ603A

This form (fig. 2-23) functions the same as the old SF603 (side 2) and SF603A with the exception of no pictographs of the teeth. Record the completion of all dental treatment such as the treatment plan, dental emergencies, results from Report of Medical Examination (SF 88), and any other narrative dental findings on the EZ603A.

An additional column has been added on the far left side to indicate the tooth number (s) of the treatment provided on that date. This will facilitate



MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM																																	
1. LAST NAME—FIRST NAME—MIDDLE NAME		2. IDENTIFICATION NUMBER		3. GRADE AND COMPONENT OR POSITION																																	
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code)		5. EMERGENCY CONTACT (Name and address of contact)																																			
6. DATE OF BIRTH	7. AGE	8. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT																																		
10. PLACE OF BIRTH		11. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER																																			
12a. AGENCY		12b. ORGANIZATION UNIT		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN																																	
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS		15. RATING OR SPECIALTY OF EXAMINER																																			
		16. PURPOSE OF EXAMINATION																																			
<b>17. CLINICAL EVALUATION</b>																																					
NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)		ABNOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)																																	
	A. HEAD, FACE, NECK AND SCALP			O. PROSTATE (Over 40 or clinically indicated)																																	
	B. EARS—GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)			P. TESTICULAR																																	
	C. DRUMS (Perforation)			Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)																																	
	D. NOSE			R. ENDOCRINE SYSTEM																																	
	E. SINUSES			S. G-U SYSTEM																																	
	F. MOUTH AND THROAT			T. UPPER EXTREMITIES (Strength, range of motion)																																	
	G. EYES—GENERAL (Visual acuity and refraction under items 28, 29, and 36)			U. FEET																																	
	H. OPHTHALMOSCOPIC			V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)																																	
	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL																																	
	J. OCULAR MOTILITY (Associated parallel movements nystagmus)			X. IDENTIFYING BODY MARKS, SCARS, TATTOOS																																	
	K. LUNGS AND CHEST			Y. SKIN, LYMPHATICS																																	
	L. HEART (Thrust, size, rhythm, sounds)			Z. NEUROLOGIC (Equilibrium tests under item 41)																																	
	M. VASCULAR SYSTEM (Varicosities, etc.)			AA. PSYCHIATRIC (Specify any personality deviation)																																	
	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS																																	
				CC. PELVIC (Females only)																																	
NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)																																					
18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)					REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																
<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;">0 1 2 3 Restorable 32 31 30 Teeth</td> <td style="text-align: center;">1 2 3 Non-restorable 32 31 30 teeth</td> <td style="text-align: center;">1 2 3 Missing 32 31 30 Teeth</td> <td style="text-align: center;">X X X Replaced by Dentures</td> <td style="text-align: center;">X X X Fixed Partial Dentures</td> </tr> </table>					0 1 2 3 Restorable 32 31 30 Teeth	1 2 3 Non-restorable 32 31 30 teeth	1 2 3 Missing 32 31 30 Teeth	X X X Replaced by Dentures	X X X Fixed Partial Dentures	Type 2 Exam. Class 3 Qualified: Yes    No																											
0 1 2 3 Restorable 32 31 30 Teeth	1 2 3 Non-restorable 32 31 30 teeth	1 2 3 Missing 32 31 30 Teeth	X X X Replaced by Dentures	X X X Fixed Partial Dentures																																	
<table border="0" style="width: 100%; font-size: x-small;"> <tr> <td style="text-align: center;">R I G H T</td> <td style="text-align: center;">1 2 3 32</td> <td style="text-align: center;">2 3 31</td> <td style="text-align: center;">3 30 29</td> <td style="text-align: center;">4 28</td> <td style="text-align: center;">5 27</td> <td style="text-align: center;">6 26</td> <td style="text-align: center;">7 25</td> <td style="text-align: center;">8 24</td> <td style="text-align: center;">9 23</td> <td style="text-align: center;">10 22</td> <td style="text-align: center;">11 21</td> <td style="text-align: center;">12 20</td> <td style="text-align: center;">13 19</td> <td style="text-align: center;">14 18</td> <td style="text-align: center;">15 17</td> <td style="text-align: center;">16 16</td> <td style="text-align: center;">17 15</td> <td style="text-align: center;">18 14</td> <td style="text-align: center;">19 13</td> <td style="text-align: center;">20 12</td> <td style="text-align: center;">21 11</td> <td style="text-align: center;">22 10</td> <td style="text-align: center;">23 9</td> <td style="text-align: center;">24 8</td> <td style="text-align: center;">25 7</td> <td style="text-align: center;">26 6</td> <td style="text-align: center;">27 5</td> <td style="text-align: center;">28 4</td> <td style="text-align: center;">29 3</td> <td style="text-align: center;">30 2</td> <td style="text-align: center;">31 1</td> <td style="text-align: center;">32 0</td> </tr> </table>					R I G H T	1 2 3 32	2 3 31	3 30 29	4 28		5 27	6 26	7 25	8 24	9 23	10 22	11 21	12 20	13 19	14 18	15 17	16 16	17 15	18 14	19 13	20 12	21 11	22 10	23 9	24 8	25 7	26 6	27 5	28 4	29 3	30 2	31 1
R I G H T	1 2 3 32	2 3 31	3 30 29	4 28	5 27	6 26	7 25	8 24	9 23	10 22	11 21	12 20	13 19	14 18	15 17	16 16	17 15	18 14	19 13	20 12	21 11	22 10	23 9	24 8	25 7	26 6	27 5	28 4	29 3	30 2	31 1	32 0					
<b>19. TEST RESULTS (Copies of results are preferred as attachments)</b>																																					
A. URINALYSIS: (1) SPECIFIC GRAVITY		(4) MICROSCOPIC		B. CHEST X-RAY OR PPD (Place, date, film number and result)																																	
(2) URINE ALBUMIN																																					
(3) URINE SUGAR																																					
C. SYPHILIS SEROLOGY (Specify test used and results)		D. EKG		E. BLOOD TYPE AND RH FACTOR																																	
				F. OTHER TESTS																																	

Figure 2-24.—Report of Medical Examination, SF 88, (front) Box 18.

DTV2f224

box 18. Use these symbols to chart the lower portion of this box. Box 18 also contains space for the dentist's "Remarks and Additional Dental Defects and Diseases." In this space, type, print, or stamp the type of dental exam, dental classification, and qualified "YES" or "NO."

#### Box 43

Include here a summary of the patient's dental defects and the dentist's diagnosis. Since the summary

refers to the items noted in box 18 (the dental section of the report), mark in the summary #18 and list defects and diagnosis.

#### Box 50

Type, print or stamp the examining dentist's name, rank, DC, and USN (or USNR) or civilian title (DDS/DMD) if a contract dentist performs the examination. A dentist or physician signs his or her signature in box 50.



NAME										IDENTIFICATION NUMBER										NO. OF SHEETS ATTACHED																																		
MEASUREMENTS AND OTHER FINDINGS																																																						
20. HEIGHT					21. WEIGHT					22. COLOR HAIR					23. COLOR EYES					24. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE					25. TEMPERATURE																													
26. BLOOD PRESSURE (Arm at heart level)															27. PULSE (Arm at heart level)																																							
A. SITTING SYS. _____ DIA. _____					B. RECLUMBENT SYS. _____ DIA. _____					C. STANDING (5 mins.) SYS. _____ DIA. _____					A. SITTING B. RECLUMBENT C. STANDING (3 mins.) D. AFTER EXERCISE E. 2 MINS. AFTER																																							
28. DISTANT VISION															29. REFRACTION										30. NEAR VISION																													
RIGHT 20/					CORR. TO 20/					BY					S.					CX					CORR. TO					BY																								
LEFT 20/					CORR. TO 20/					BY					S.					CX					CORR. TO					BY																								
31. HETEROPHORIA (Specify distance)																																																						
ESO					EXO					R.H.					L.H.					PRISM DIV.					PRISM CONV. CT					PC					PD																			
32. ACCOMMODATION										33. COLOR VISION (Test used and result)										34. DEPTH PERCEPTION (Test used and score)										UNCORRECTED																								
RIGHT										LEFT																				CORRECTED																								
35. FIELD OF VISION										36. NIGHT VISION (Test used and score)										37. RED LENS TEST										38. INTRAOCULAR TENSION																								
RIGHT										LEFT																				RIGHT					LEFT																			
39. HEARING										40. AUDIOMETER										41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																		
RIGHT WV					/15 SV					/15					250 256					500 512					1000 1024					2000 2048					3000 2896					4000 4096					8000 8144					8000 8192				
LEFT WV					/15 SV					/15					RIGHT					LEFT																																		
42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																																						
(Use additional sheets if necessary)																																																						
43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																																																						
<p>#18: Severe periodontoclasia, 10 mm overbite, 2 mm diastema between 8 &amp; 9</p>																																																						
44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)																				45A. PHYSICAL PROFILE																																		
																				P U L H E S																																		
46. EXAMINEE (Check)																				45B. PHYSICAL CATEGORY																																		
A. <input type="checkbox"/> IS QUALIFIED FOR																																																						
B. <input type="checkbox"/> IS NOT QUALIFIED FOR																																																						
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER																				A B C E																																		
48. TYPED OR PRINTED NAME OF PHYSICIAN																				SIGNATURE																																		
49. TYPED OR PRINTED NAME OF PHYSICIAN																				SIGNATURE																																		
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) A. B. SMITH, LCDR, DC, USN																				SIGNATURE A. B. Smith																																		
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY																				SIGNATURE																																		

STANDARD FORM 88 (Rev. 10-94) BACK

DTV2f225

Figure 2-25.—Report of Medical Examination, SF 88, (back) boxes 43 and 50.

## ADDITIONAL DENTAL TREATMENT FORMS

Two other forms may be associated with dental treatment. These forms are the Consultation Sheet, SF 513, and the Reserve Dental Assessment and Certification, NAVMED 6600/12, which are discussed next.

### CONSULTATION SHEET, SF 513

Dental Treatment Facilities (DTFs), Medical Treatment Facilities (MTFs), and shipboard medical

and dental departments use the SF 513 (fig. 2-26) to refer patients from one DTF/MTF, or department to another. Please note that SF 513 refers patients with both dental and medical conditions needing a second opinion or a referral to a specialist for further evaluation or treatment. To assist you in filling out this form, make the following entries on the SF 513:

- To: Enter the name of the DTF/MTF, or department to which the patient is being referred.
- From: The name of the requesting facility.

<b>MEDICAL RECORD</b>	<b>CONSULTATION SHEET</b>								
<b>REQUEST</b>									
To: Dental Department Naval Hospital, San Diego, CA	From: (Requesting physician or activity) Naval Dental Clinic, San Diego								
DATE OF REQUEST 23 Mar 98									
<small>REASON FOR REQUEST (Complaints and findings)</small>									
Chief Complaint: "My lower right jaw is painful and I can't get my teeth together on that side."									
Finding: This 23 year old male reported to sick call this morning complaining of pain in posterior of right Man. quadrant and inability to occlude on this side. Exam. reveals large contusion area, right angle of Man. Man. displaced on right side. Pain and movement upon palpation of lower right side.									
<small>PROVISIONAL DIAGNOSIS</small>									
Fracture, right Man.									
<small>DOCTOR'S SIGNATURE</small> <i>P. T. Boate</i> P. T. Boate, LCDR, DC, USN	<small>APPROVED</small>  <small>PLACE OF CONSULTATION</small> <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL								
<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY									
<small>CONSULTATION REPORT</small>									
<small>(Continued on reverse side)</small>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"><small>SIGNATURE AND TITLE</small></td> <td style="padding: 5px;"><small>DATE</small></td> </tr> <tr> <td style="padding: 5px;"><small>IDENTIFICATION NO.</small></td> <td style="padding: 5px;"><small>ORGANIZATION</small></td> <td style="padding: 5px;"><small>REGISTER NO.</small></td> <td style="padding: 5px;"><small>WARD NO.</small></td> </tr> </table>		<small>SIGNATURE AND TITLE</small>			<small>DATE</small>	<small>IDENTIFICATION NO.</small>	<small>ORGANIZATION</small>	<small>REGISTER NO.</small>	<small>WARD NO.</small>
<small>SIGNATURE AND TITLE</small>			<small>DATE</small>						
<small>IDENTIFICATION NO.</small>	<small>ORGANIZATION</small>	<small>REGISTER NO.</small>	<small>WARD NO.</small>						
<small>PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle, grade, rank, rate, hospital or medical facility)</small>  WALTER, T. Door USN/AD SK2 555-55-5555 Naval Dental Clinic, San Diego, CA									
<small>CONSULTATION SHEET STANDARD FORM 513 (Rev 9-77) Prescribed by GSA/ICMR FPMR 01-11.806-8 513-107</small>									
<small>DTV2f226</small>									

Figure 2-26.—Consultation Sheet, SF 513.

- Date of Request: The date the Consultation Sheet is prepared.
- Reason for Request: The reason as stated by the dentist or requester.
- Provisional Diagnosis: The diagnosis as stated by the dentist or requester.
- Doctor's Signature: Type, print, or stamp the name, rank, title of the dentist or requester with his or her signature in this space.
- Place of Consultation: Check "bedside" or "On Call." Also mark the next box as "Routine," "Today," "72 Hours," or "Emergency."
- Consultation Report: **Leave blank.** This section will be filled in by the person receiving the form.
- Patient's Identification: The patient's name (last, first, and middle initial), branch of service and status, rank/rate, family prefix code, and social security number, and the activity to which the patient is assigned.

## **RESERVE DENTAL ASSESSMENT AND CERTIFICATION, NAVMED 6600/12**

Voluntary Training Unit (VTU) or Selected Reserve (SELRES) personnel **may** have this additional form included in their dental records. Use NAVMED 6600/12 in conjunction with the Naval Reserve T-1 or T-2 dental examination that is performed every 5 years or with any required physical examination. Instructions for completion of the NAVMED 6600/12 is found in MANMED, chapter 6.

### **PATIENT DISMISSAL**

Once the examination is completed, return the patient's dental prosthesis if it was removed for the exam. The dentist may have instructions for the

patient; for example, information regarding medications or future appointments. Make sure that the patient understands the instructions given by the dentist. Remove the patient napkin from the patient and place it over the contaminated instruments.

Push the dental operating light and the bracket table out of the way so the patient will not bump against them. Return the dental chair to its lowest upright position, raise the arm of the chair and assist the patient from the chair.

Direct the patient to the front desk to make future appointments if needed. Remove all instruments and prepare the DTR for the next patient. Follow the infection control, sterilization, and disinfection procedures outlined in *Dental Technician*, Volume 1, chapters 9 and 10.

